

## HIGH SCHOOLERS WORK IN HEALTH DEPARTMENTS IN PRESIDENT'S YOUTH OPPORTUNITY PROGRAM

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IN JUNE 1965 more than 2 million young Americans were expected to enter the labor market when school closed. Many of these young people had no working experience and, unfortunately, no marketable skills to offer. Some would not return to school. Others would continue their education only if they could shoulder part of the costs. What could be done for these persons, 16 through 21 years of age, who would comprise approximately half of the nation's total unemployed at the beginning of the 1965 summer?

The President called on industry and labor, various associations and churches, and Federal, State, and local governments to find the needed work and training opportunities. Thus the Youth Opportunity Program was created in May 1965.

All Federal departments were asked to find meaningful work or training opportunities for one additional summer trainee for each 100 regular employees. This meant placing about 25,000 trainees in Federal agencies. The Public Health Service was given the responsibility for a minimum of 363 trainees.

The Bureau of State Services' Communicable Disease Center in Atlanta, Ga., is well equipped to participate in campaigns of this type. It has representatives in State and local health departments in all parts of the country, and training opportunities can be provided in different geographic areas. The diversity of its programs enables the center to offer training in a variety of activities.

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CDC's representatives used State employment service offices as the primary source for finding the young people who wanted jobs during the summer of 1965. After hundreds of applicants were screened, 178 were referred by the Communicable Disease Center to local health department supervisors. Openings were found for 66 trainees. Most of the young people were placed in local health department immunization activities in Philadelphia, Detroit, Los Angeles, Phoenix, Greeley, Colo., and Plainview, Tex. They were paid from CDC funds. All the persons selected met the following basic criteria:

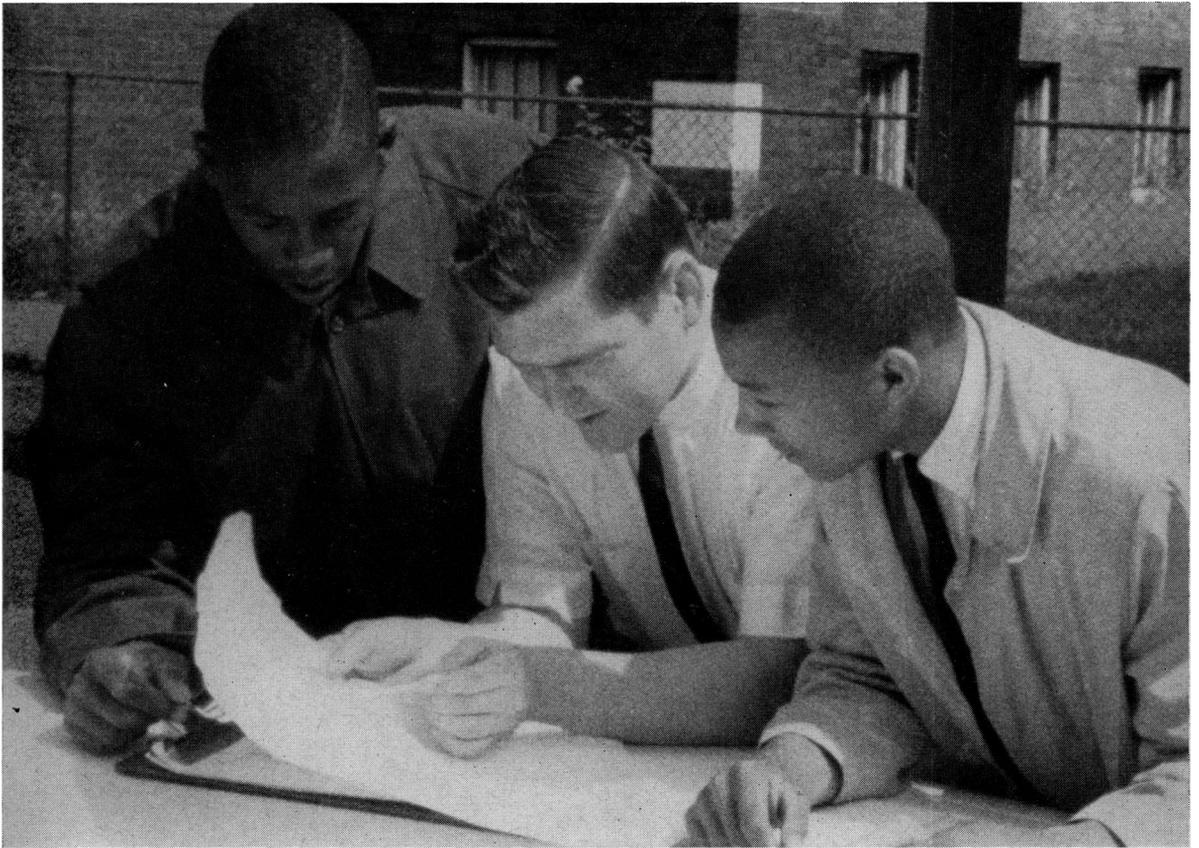
1. They were between 16 and 22 years of age.
  2. There was no wage earner with full-time employment in the family.
  3. The youths had no education beyond high school.
  4. Money was needed to continue education.
- There were no other restrictions. The salary

**Table 1. Comparative change between initial and final evaluation of 62<sup>1</sup> trainees in quality of work, dependability, and cooperativeness**

Factor	Total number rated <sup>2</sup>	Percent		
		Higher evaluation	Same evaluation	Lower evaluation
Quality of work-----	53	56.6	41.5	1.9
Dependability-----	54	48.1	48.1	3.7
Cooperativeness----	49	49.0	44.9	6.1

<sup>1</sup> 4 students left job too soon to be evaluated.

<sup>2</sup> Those rated excellent in both initial and final evaluations were excluded.



**A CDC immunization project coordinator outlines work territories to Youth Opportunity Program trainees**

was the standard minimum wage of \$1.25 per hour. After orientation and short training periods in local health departments, the trainees started working as immunization canvassers, education assistants, clerk typists, laboratory aides, and office helpers.

Of the 66 trainees, 39 were young men and 27 were young women. Forty-four (67 percent) were either 16 or 17 years old, and 45 (68 percent) had completed 9 to 11 years of education. Forty-five (68 percent) were Negroes.

The young employees received counseling and guidance from the health department supervisors and CDC representatives. Biweekly training sessions at one location featured guest speakers, educational films, and group discussions.

Because of the experimental nature of the program and the need for future reference, the departments were asked to evaluate the students in three categories: quality of work, de-

pendability, and cooperativeness (table 1). The initial evaluation was made after 3 weeks of work, and the final evaluation on termination of employment, which usually lasted about 3 months, June to September. In the first evaluation, covering quality of work, 16.1 percent were rated excellent; 32.2 percent were rated excellent in the final evaluation. Twenty-nine percent were rated excellent in dependability in the final evaluation as compared with 14.5 percent in the initial evaluation. Twenty-three percent initially were rated excellent in cooperativeness, and 39 percent in the final evaluation (table 2).

The following comments were made by supervisors:

- The summer employment of these youths not only proved beneficial to them but also provided the immunization staff with invaluable experience in supervising personnel.
- Without exception, the immediate super-

**Table 2. Percent change between initial and final evaluations of 62<sup>1</sup> trainees in quality of work, dependability, and cooperativeness**

Factor	Percent									
	Excellent		Very good		Good		Fair		Poor	
	Initial	Final	Initial	Final	Initial	Final	Initial	Final	Initial	Final
Quality of work-----	16.1	32.2	30.6	33.9	33.9	30.6	17.7	3.2	1.6	0
Dependability-----	14.5	29.0	27.4	38.7	38.7	19.4	14.5	11.3	4.8	1.6
Cooperativeness-----	22.6	38.7	29.0	35.5	43.5	22.6	4.8	3.2	0	0

<sup>1</sup> 4 students left job too soon to be evaluated.

visors were pleased with the performance of the trainees.

- The youth trainees exhibited interest in their jobs and held responsible positions in the city health department.

- . . . established excellent working habits. . . .

- . . . friendly attitude and worked exceptionally well. . . .

The trainees said:

- The youth program has given me the opportunity to improve myself in various aspects of clerical work. It has helped me scholastically and financially.

- I have found my job quite rewarding.

- This program gives us a chance to have actual work experience and to see why we should stay in school.

- I feel it helped me adjust to different people.

At the conclusion of the program, the supervisors recommended the following improvements in future trainee projects:

1. Provide more time for organization.

2. Select locations with maximum training and work opportunities.

3. Use all referral sources to reach the most disadvantaged youths.

4. Give priority to persons with less than a high school education.

5. Give preference to younger applicants who are closer to the formative years and can be beneficially influenced.

6. Assign trainees only to those activities that will provide continuous, gainful work under good supervision.

The 1965 Youth Opportunity Program entered into by the Communicable Disease Center through local health departments appeared to have met its objectives. The youth markedly improved their work habits and performance, and 54 of the 66 trainees stated that they planned to return to school in the fall.

In 1966 the Youth Opportunity Program will be expanded both in number of young people employed and the scope of their activities. The Communicable Disease Center expects to place between 150 and 200 high school students in health departments throughout the United States. The youths, having proved their mettle, will be given greater responsibilities in keeping with their capabilities.